TOWN OF STONINGTON BOARD OF FINANCE RECORDING SECRETARY - EVENING MEETINGS ORIGINAL APPLICATIONS MUST BE RETURNED TO:

JAMES SULLIVAN, STONINGTON TOWN HALL, 152 ELM ST., STONINGTON, CT 06378 BY 3:30 PM ON DECEMBER 30, 2021

VIA ONE OF THE OPTIONS LISTED BELOW:

- 1. MAILED OR HAND DELIVERED TO JAMES SULLIVAN, AS INDICATED ABOVE
- 2. PUT IN THE DROP BOX AT THE TOP OF THE STAIRS AT STONINGTON TOWN HALL
- 3. EMAILED TO jsullivan@stonigton-ct.gov

The Town of Stonington is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, sexual orientation, gender identity or expression, pregnancy, marital or familial status, genetic information, military or veteran status, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

GENERAL INFORMATION DATE **NAME LAST FIRST** MIDDLE INITIAL **ADDRESS STREET** CITY **STATE ZIP CODE** HOME PHONE NUMBER **CELL PHONE EMAIL ADDRESS** YES Are you legally authorized to work in the United States? NO (Verification of identity and employment eligibility required at time of hire) **EDUCATION AND TRAINING** # Years Did you Type pf Major/Field of Graduate? TYPE OF SCHOOL Name & Location Attended Degree Study High School or GED College or University Graduate School Other If you have additional education or experience relevant to this position please list below:

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PRINT NAME			
REFERENCES Please provide the names of performance	three (3) person, other than relative	res, who are familiar with your jo	ob qualifications and work
NAME	ADDRESS	PHONE #	POSITION
1			
2			
3			
	APPLICANT'S C	CERTIFICATION	
the best of my knowledge in this application, any su to hire, or dismissal if I h	ntained in this application (and a e. I understand that any false or apporting documents, or during have been employed, regardless that made on this application are	misleading information, omi my interview is sufficient for of when such false or mislead	ission, or misrepresentation disqualification, refusal ding information is

DATE

SIGNATURE